



# APPLICATION FOR LIMITED TEACHING LICENSE

State Form 46698 (R7 / 5-03)

Approved by State Board of Accounts, 2002

**Indiana Professional Standards Board**  
Division of Licensing  
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Indianapolis, Indiana 46204-1953  
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www.in.gov/psb

## ACCOUNTING CONTROL

Receipt number

Date of receipt (*month, day, year*)

Transaction number

### IMPORTANT:

**A cashier's check or money order for \$35.00, made payable to the State of Indiana, must accompany this application. DO NOT SEND CASH OR PERSONAL CHECKS.**

**All fees are non-refundable.**

The information in this document is confidential according to IC 5-14-3-4(b)8.

## SECTION A - MUST BE COMPLETED BY SUPERINTENDENT - REQUEST FOR LIMITED LICENSE

As superintendent of \_\_\_\_\_, corporation number \_\_\_\_\_,

I have read the rules for Limited Licenses and certify that this corporation has been unable to secure a qualified licensed teacher for the 20\_\_\_\_\_, 20\_\_\_\_\_ school year. The requirements for the Limited License have been met and I hereby request a Limited License for the person named hereon in the licensing area of \_\_\_\_\_,

Subject Area(s)

Grade Level(s)

Requested type of limited: ☐ original / ☐ renewal

The applicant's duties in this school ☐ begin ☐ began \_\_\_\_\_, Applications for Limited Licenses must be submitted within the first six (6) weeks after the teacher begins service.

Date service started (*month, day, year*)

Name of Superintendent (*type or print*)

Date (*month, day, year*)

Address of corporation

Telephone number (*with Area Code*)

City

ZIP code

( )

Signature of Superintendent

## SECTION B - COMPLETED BY TEACHER

Name (*last, first, middle, maiden*)

Social Security number

This agency is requesting the disclosure of your Social Security Number in accordance with IC 4-1-8-1(a), first paragraph, and with 42 USC 666(a)13. Disclosure is mandatory; this record cannot be processed without it.

Date of birth (*month, day, year*)

Address

E-mail

Telephone number (*with Area Code*)

City

State

ZIP code

Degree(s)

Institution(s)

Have your credentials ever been evaluated by the Indiana Professional Standards Board?

☐ Yes ☐ No

If Yes, Date of evaluation (*month, day, year*)

Have you ever held an Indiana Limited License?

☐ Yes ☐ No

If Yes, number(s)

Date(s) of issue (*month, day, year*)

Have you ever held any other type of Indiana teaching license, besides substitute?

☐ Yes ☐ No

If Yes, number(s)

Date(s) of issue (*month, day, year*)

Action requested:

☐ Original Limited

☐ Renew Limited

**SECTION C - SUPERINTENDENT VERIFICATION FORM**

I verify that our school corporation has a shortage or emergency need for personnel in the teaching area(s) of

\_\_\_\_\_.

The situation(s) leading to the application of this limited license are described as follows:

\_\_\_\_\_

\_\_\_\_\_

Accordingly, we wish to employ \_\_\_\_\_ SSN \_\_\_\_\_ for this vacancy.  
Name of Applicant

We have also verified that this individual has already completed the required \*15 semester hours from an accredited institution in the content area(s) requested on this limited license. This individual best fills the needs of our school corporation because

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

All appropriate alternatives have been exhausted in the attempt to fill this position with qualified licensed personnel.

Signature of Superintendent	Corporation	Date signed (month, day, year)
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\*To be eligible for a limited license, an individual must already have 15 semester hours in his/her content area if the license is for a secondary or senior high, junior high / middle school position.

**SECTION D - CRIMINAL HISTORY AND LOYALTY AFFIDAVIT  
COMPLETED BY TEACHER**

Have you ever had a credential, certificate or license to teach denied, revoked or suspended in Indiana or in any other state? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No

Have you ever been convicted of a misdemeanor other than minor traffic violations after January 15, 1994? ☐ Yes ☐ No

**If the answer is Yes to question 1, 2 or 3, attach a written explanation and provide court records.**

I certify that the information and documentation contained in my application, required for a license in Indiana, is true and accurate to the best of my knowledge and belief.

Indiana law requires the applicant to sign the loyalty affidavit and to retain a copy. Please photocopy the completed application and keep a copy for your records.

*I solemnly swear (or affirm) that I will support the Constitution of the United States of America and the State of Indiana.*

Signature of applicant	Date signed (month, day, year)
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**SECTION F - FOR RENEWAL ONLY  
COMPLETED BY INDIANA LICENSING ADVISOR**

***No Limited License will be renewed without the Licensing Advisor's signature.***

As Licensing Advisor of \_\_\_\_\_, I certify that the teacher named hereon has completed the following courses for renewal and is enrolled in an approved program to meet requirements for this license.

\_\_\_\_\_  
\_\_\_\_\_

Signature of Licensing Advisor

Date signed (month, day, year)

Licensing Advisor: Please complete and sign only if the applicant is enrolled in an approved program at your institution.

**LICENSING ADVISOR USE ONLY**

Preparation Level	Gradation	Degree	Basis
<input type="checkbox"/> 01 Early Childhood <input type="checkbox"/> 02 General Elementary <input type="checkbox"/> 03 Nursery School / Kindergarten <input type="checkbox"/> 04 Kindergarten - Primary <input type="checkbox"/> 05 JH / Middle School <input type="checkbox"/> 06 Secondary <input type="checkbox"/> 07 All Grade <input type="checkbox"/> 19 Sr. High - Jr. High / MS	<input type="checkbox"/> 1 Limited	<input type="checkbox"/> 3 Bachelor <input type="checkbox"/> 4 Master <input type="checkbox"/> 5 Specialist <input type="checkbox"/> 6 Advanced <input type="checkbox"/> 7 Doctorate	<input type="checkbox"/> 4 Rules 46 - 47
		College / State	

**FOR IPSB USE ONLY**

Subject	Competency	Validity	Subject	Competency	Validity

Action	License Change	Expiration date (month, day, year)	Date of issue (month, day, year)
<input type="checkbox"/> 1 Original <input type="checkbox"/> 2 Renewal	<input type="checkbox"/> 1 Correction <input type="checkbox"/> 2 Name / Degree Change	<b>6 - 30 - 04</b>	
		Corporation number	Void license number

## **Rules and Policy For Limited License Issuance**

### **Rules 46 - 47**

Limited Licenses may be granted as approved by the Indiana Professional Standards Board, provided the following criteria have been met:

1. Applications for the Limited License shall be made through the employing school superintendent and include verification of an emergency need.
2. The candidate holds a Bachelor's Degree from a state or regionally accredited institution.
3. If the request is for a secondary or senior high - junior high / middle school area, the candidate must show evidence of at least fifteen semester hours of credit in the area of interest.
4. To renew the Limited License for 2003-2004 (which will be the final year for the Limited License), the candidate must complete course work toward standard licensure through an **approved** program. A minimum of six (6) semester hours is required for renewal.

### **General Rules**

1. The application for a Limited License must be initiated by the employing superintendent no later than six (6) weeks after the teacher begins actual service in the area of request. Official transcripts of the candidate's Baccalaureate Degree must accompany the initial application for the Limited License. A \$35.00 money order or cashier's check must accompany ALL applications for limited licenses.
2. Limited Licenses are available in instructional areas only. No Limited Licenses can be issued to school services personnel, supervisory or administration staff.
3. Limited Licenses are issued on a yearly basis with an expiration date of June 30 of the school year. No applications for Limited Licenses will be accepted before August 1, 2003, or after April 15, 2004.

### **Appeal Procedure**

All requests for appeals must be made in writing by the superintendent to the Director of the Licensing Division of the Indiana Professional Standards Board. Requests must explain in detail the emergency need and any pertinent details and circumstances surrounding the request.

#### **Notice:**

The 2003-2004 school year will be the final year for the issuance of limited licenses. It will be replaced by the emergency permit, beginning with the 2004-2005 school year. Applicants who hold the limited license will be transitioned into the new emergency permit, providing all renewal and application requirements are met. These applicants will still be required to complete six (6) semester hours before the 2004-2005 school year to be eligible for the emergency permit. Specific information concerning the rules for the new emergency permit and application processes and procedures will be sent out to all school districts in January or February of 2004.

### **Authority - 515 IAC 1 - 2 - 20**